

Registered undergraduate student of nursing (RUSON)

Employment and implementation guide

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Introduction

Purpose

This document is a practical guide for health services seeking to implement a paid workforce model that includes undergraduate Bachelor of Nursing students. These workers are called Registered Undergraduate Students of Nursing (RUSON). Undergraduate models of employment using this model are defined in clause 106 of the *Nurses and midwives (Victorian public sector) (single interest employers) enterprise agreement 2016–2020* (the EBA). Where a Victorian public health service is considering the RUSON model, all subclauses of clause 106 in the EBA apply.

This guide draws on the experiences of Victorian public health services that have already successfully implemented RUSON roles in their nursing teams. These guidelines can be used to outline the proposed approach to implementation, starting with the initial scoping of the project, planning, developing key components of the implementation strategy, and putting steps in place for monitoring, evaluation and review.

Context

What is a RUSON?

A RUSON is a person currently enrolled at a university to undertake undergraduate nursing study, who is registered with the Australian Health Practitioner Regulation Agency as a student nurse, and who at commencement, has successfully completed not less than 12 months of the Bachelor of Nursing degree.¹

To ensure consistency with the prescribed terminology in the EBA, UHAN is referred to as a RUSON. Clause 106 of the EBA ('Undergraduate employment models'), provides more information on the terms and conditions for employing a RUSON.²

Where RUSONs work

A RUSON works in acute or subacute care and aged care settings as part of the healthcare team, helping nurses to provide patient care. RUSONs work under the delegation and supervision of registered nursing staff, and may help with a range of activities such as patients' daily living activities (like personal hygiene and mobility), keeping the ward organised and safe, as well as some basic administration.

Under the EBA, the RUSON's core activities list will be determined by the working party established to undertake this task.

Opportunities provided through the RUSON model?

Increasing demand and an ageing population are continuing sources of pressure on the health system, while global and national factors affecting the Victorian economy have driven a greater focus on efficiencies. The department is committed to building and maintaining a high-quality and sustainable health system. Developing more efficient and effective ways to deliver care, with an increased focus on quality and safety, is more important than ever.

² See Appendix 1.

It is therefore essential that we look to alternative health workforce models that make better use of staff by creating opportunities to fully utilise their skills where they are needed most. Better workload management, a more productive work environment, and the work satisfaction that comes from providing a high standard of personal and clinical care will also help improve retention and keep our most skilled and experienced nurses in the workforce.

The introduction of RUSONs has a number of benefits:

- the role is above-standard nurse-to-patient ratios, and therefore RUSONs are more able to spend greater time with each patient than existing staff to provide companionship and support for patients
- for staff, it is an additional resource to support the provision of high-quality, personalised care for every patient, and contributes to workload management
- for health services, it provides an effective strategy to improve the working environment for staff while continuing to improve the responsiveness and quality of services
- for the community, it means a quality public health system, and more efficient and effective expenditure of the healthcare dollar.

Regional and rural RUSONs

The ability to deliver high-quality and sustainable healthcare in regional and rural Victoria relies on creating a more equitable distribution of the health workforce, and being able to attract and retain a flexible and capable workforce.

In rural communities, nurses make up a greater proportion of the health workforce than in metropolitan settings, which makes their role in providing health especially significant.

Investing in the implementation of the RUSON role into regional and rural health workforce models can provide an opportunity to:

- create an additional career pathway for undergraduate nursing students
- optimise RUSONs commitment to regional/rural areas as a registered nurse after graduating
- create a more sustainable rural nursing workforce through better utilisation of the capabilities of existing nursing staff
- improve access to quality health services for patients in regional and rural Victoria.

How do we know it works?

We know from experience that RUSONs are a welcome addition to the nursing team, bringing benefits for both patients and staff.

The Department of Health and Human Services funded two pilots exploring the role over the past few years, with the pilot findings demonstrating:

- improved patient centred care
- improved RUSON knowledge and confidence in patient care and work readiness
- improved staff morale
- improved patient flow
- more organised wards
- time for breaks
- RUSON intention to return to the health service as a graduate.

The implementation process recommended in this document aims to support the safe and effective integration of RUSONs as part of the nursing team, working with registered nurses to support and facilitate the provision of the highest standards of patient care.

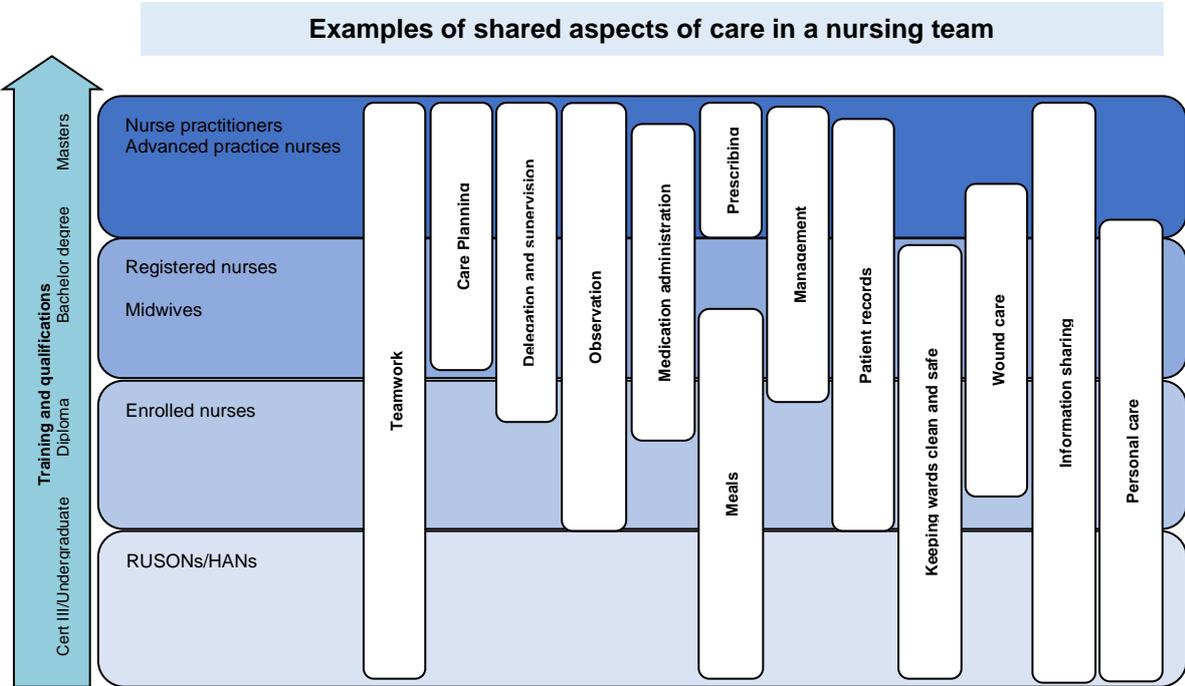
It is well established that good teamwork is an important part of providing high-quality care. Identified patient benefits include lower patient mortality, fewer patient falls, fewer errors, less missed nursing care, reduced unanticipated admissions and improved patient satisfaction (Kalish and Lee 2010). Accordingly,

patient safety frameworks such as the World Health Organization’s *Patient safety curriculum guide*, and the safety competencies outlined by the Canadian Safety Institute, include effective teamwork as a key element of providing safe patient care (World Health Organization 2011).

Higher levels of teamwork are also associated with greater job satisfaction for nursing staff (Kalish et al. 2010) and enhanced wellbeing for members of the team (World Health Organisation 2011). For the organisation as a whole, benefits include reduced hospitalisation time and costs, efficient use of healthcare services and better communication.

Different roles within the nursing team share various aspects of care to fulfil the clinical care requirements of the patients under their care. Figure 1 below graphically demonstrates how the different aspects of care can be shared between different nursing roles, depending on the education and training of the team member.

Figure 1: Shared aspects of care in a nursing team



The RUSON: role and scope of activities

RUSONs work as part of the healthcare team, assisting registered nurses with patient care interventions and activities as directed, in accordance with the nursing care plan and under the delegation, and supervision, of qualified and experienced registered nurses. The RUSON role is above standard nurse to patient ratios.

While RUSONs work within clearly defined parameters, the role itself is often flexible, involving a mixture of direct patient care and other activities that support the nursing team. Examples of the types of tasks and activities undertaken by RUSONs are provided below.

Examples associated with direct patient care:

- assist patients with daily living tasks such as –
 - hygiene and personal grooming
 - nutritional needs
 - mobility, transfers and positioning within the ward
 - toileting
- patient escort
- care of the deceased person
- manual handling
- pre-operative shaves
- pack/unpack patient belongings
- maintain a safe patient environment
- safeguard patient privacy
- direct supervision of patients at (such as patients at risk of falls)
- assist with making beds (excluding admission/discharge room and bed preparation)
- recognise, report and record adverse incidents promptly and concisely.

Examples of indirect support:

- limited documentation (including bedside notes such as noting meals or toileting, but excluding clinical/progress notes)
- information system requirements, such as updating the patient management system
- support team communication
- occupational health and safety requirements
- maintain stock levels of medical supplies.

The mix of duties is determined by the needs of the nursing team and the types of services and programs it delivers.

Duties and scope of role

The list of RUSON duties may vary from individual to individual. This is because an individual's range of activities will be influenced by a number of factors including the context in which they are working, their individual level of competence and experience, and the employing organisation's policies, quality and risk management frameworks, and the culture of the organisation in which they work.

The RUSON can only work within the parameters of their individual position description.

The process of developing a position description is discussed further in the 'Recruitment, orientation and employment' section, and an example of a position description for a RUSON is provided in Appendix 2.

Getting started

Guiding principles for change management

In many Victorian health services, the implementation of RUSONs is a new way to manage staffing arrangements and workload pressures. The success of any new project will depend on the people involved (Victorian Quality Council 2006), and the implementation of the RUSON workforce model is no exception. Managing the change process effectively will help ensure that those people are supported through the change process and work together to ensure safe, effective and efficient implementation.

The UK's National Health Service (NHS 2005) recommends the following principles:

- Have a plan for the project implementation but be prepared to adapt it if the outcomes at different stages show this to be necessary.
- Executive (or senior) support is essential for the success of a project, but recognise that change will come from the bottom up.
- Set objectives and congratulate the team when each objective is achieved, but remember that improvement is an ongoing process.
- Recognise that a plan for introducing change and monitoring the effects of the change is important, but gaining people's commitment is vital to the project's success.

Tips for successfully implementing change – Victorian Quality Council 2006

- Have a defined communication strategy.
- Be consistent about sharing information.
- Consider using a variety of media to reach people.
- Involve stakeholders in the planning process.
- Support staff with training and opportunities to practice.
- Listen and act on questions, feedback and concerns.
- Celebrate ideas, achievements and successes.
- Have a clear reason for implementing change.
- Have a shared vision about what the change will achieve.
- Learn about the target population.
- When developing strategies, consider the barriers to implementing change and cater for them within the strategy development.
- Remember that resistance is a natural response to change that is introduced by somebody else.
- Identify the change champions, the innovators; these are the people who will be prepared to introduce change.
- Be aware of the different rates of uptake of change.
- Provide feedback of progress to stakeholders.

Governance

Establishing effective project governance is an important part of ensuring that your project is completed efficiently and successfully. Project governance forms a link between the broader corporate and organisational governance, and the project management activities. When operating effectively, project governance provides:

- direction, ownership and sponsorship
- a mechanism for reviewing and monitoring project management functions
- a forum for reporting and accountability, including consulting with stakeholders.

Project governance in some form will need to be in place before implementing the RUSON role to oversee scoping and feasibility. The kind of structures established to govern the RUSON role will vary, and may include purpose-specific committees or steering groups, or subcommittees or standing items on the agenda of existing governance bodies such as executive committees.

Regardless of the form, the governance structure should be designed to:

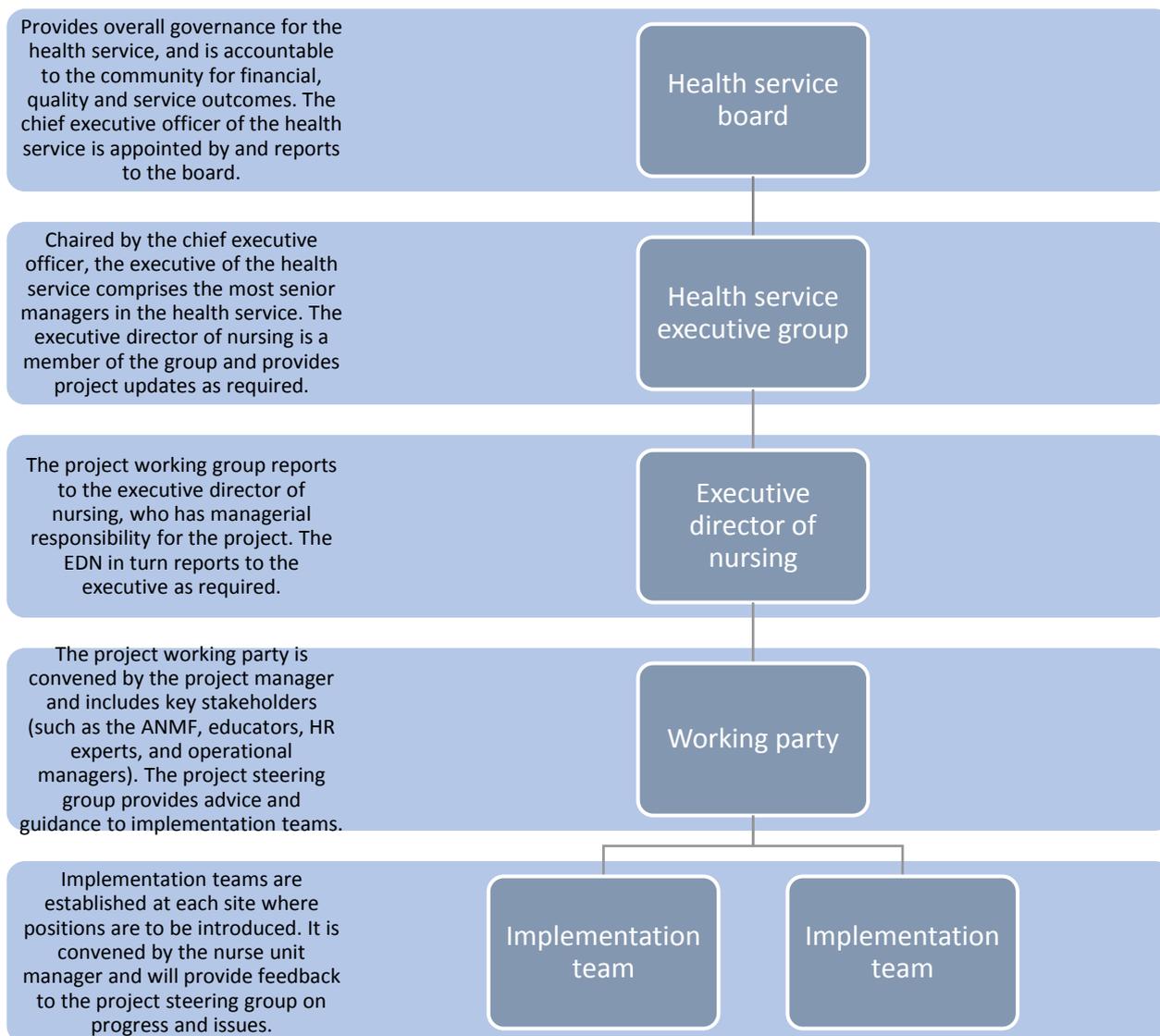
- set out lines of responsibility and accountability within the health service for the implementation project, ensuring that the work fits within the organisational values and operating requirements
- provide a means by which key stakeholders in the health service can influence decision making and provide input into the project's direction
- support the team responsible for implementation by providing direction, assistance with any negotiation required between different parties, and making timely decisions
- provide a forum for discussing and resolving issues
- provide a forum for monitoring and review of project progress
- provide a forum to identify any potential risks associated with the project and implement strategies to mitigate those risks.

The benefits of strong project governance include:

- ensuring strong linkages between the project and the health service's strategic priorities
- providing for clear ownership and leadership by senior management
- strengthening stakeholder engagement
- helping ensure adequate resources and skills are made available for project implementation.

Figure 2 shows an example of a project governance model.

Figure 2: An example of a project governance model



EBA requirements

Clause 106.7 of the EBA requires the establishment of a working party comprising representatives of the Australian Nursing and Midwifery Federation, the employer and, if practicable, the participating university/s.

The working party, prior to the commencement of the model, is required to:

- agree on the participating wards/units
- ensure the RUSON works within the position description, the core activity list, and the exclusion list
- agree on education and training of registered and enrolled nurses regarding the new role
- agree on the terms of the evaluation of the RUSON role.

Management and staffing

There are many different management models that can be used, depending on the organisational context and the practicalities of implementation.

The most common approach is to appoint a project manager who is primarily responsible for driving the RUSON role implementation, coordinating the effort of different parties, and providing the main point for liaison and information sharing with stakeholders and the governance body.

Successful implementation of a new staffing model will utilise a range of different skills within the project team and across the organisation. Some of the specialist skills and areas of expertise required may include:

- human resources management (staffing, position descriptions, employment and management arrangements)
- industrial relations (change management, industrial negotiation)
- clinical education (assist registered staff acquire skills to effectively work with this new role within the workforce, and ensuring competencies within defined scope of activities)
- unit management (operationalising new positions in the work context)
- communications (information strategies and issues management)
- evaluation expertise.

Planning

A project plan is a useful tool in efforts to inform stakeholders, identify and secure the resources needed to progress, and identify activities required to achieve implementation. It also provides a baseline against which project progress can be monitored.

A simple project plan will commonly include:

- aim
- scope (see the 'Scope: assessing needs and capacity' section)
- project description/outline
- deliverables
- key milestones
- timelines
- resources required
- governance and management arrangements
- communications strategy
- risks/issues.

Formal sign-off on an agreed plan from key stakeholders and senior and executive management is in itself a key part of securing the organisational commitment needed to secure agreement in beginning the project scoping stage, and gaining in-principle agreement to proceeding with implementation (subject to the findings of the project scoping exercise).

Communication

Purpose

Effective communication is a key element of implementing change, and so the development of a communications strategy is vital. Communication can play a role in each of the phases and steps of implementing change, as outlined by John Kotter (in Campbell 2008):

Phase 1: Creating a climate for change

- increasing urgency
- building guiding teams
- get the vision right

Phase 2: Engaging and enabling the whole organisation

- communicate for buy-in
- enable action
- create short-term wins

Phase 3: Implementing and sustaining the change

- don't let up
- make it stick.

As the implementation process moves through these phases, the focus and the content of communication will change. It is also important to note that this process may not be linear, and communication may need to address a number of these different phases at once.

The communication strategy should also encompass any specific organisational or management requirements such as project updates or reports.

In addition, industrial instruments may have specific requirements regarding communication and implementing change. For example, clause 11 of the EBA contains specific provisions relating to consulting with staff when implementing organisational changes that are likely to impact on employees.

Target audiences

All stakeholders share an interest in understanding the project and what it means for them. The communication provided needs to reflect that the introduction of RUSONs can mean different things for different people, as outlined in the following examples:

Patient

Who is the RUSON? What care will they provide? Can I be confident they know what they are doing? How do they fit in with the nurses and other people on the ward? What can I ask them to help me with?

Nursing team

Will RUSONs be coming into my ward? What can the RUSONs do and what can't they do? Can I delegate tasks to them directly? What does it mean for how I do my job? Will this mean fewer registered nurses on the ward? Why is this type of role being introduced?

Nurse unit manager

How do I manage the roster to meet organisational requirements and also accommodate the student's university study demands?

Health service executive

What are the costs and benefits of introducing this new role? Will they help us meet our safety and quality goals? How will their introduction affect our financial targets? Are there any risks associated with the introduction of this role and, if so, how will the risks be mitigated?

A comprehensive communication strategy will carry a consistent and coherent message to all stakeholder groups, but will tailor that message to each stakeholder or stakeholder group's particular needs and concerns.

A two-way communication process that incorporates a means for providing feedback and discussion helps ensure the information you are providing is meeting those needs. It will also provide a means for the timely and effective resolution of misunderstandings, conflicts and issues.

The NHS Institute for Innovation and Improvement provides the following general tips for good communication:

Tips for good communication

- Uncertainty is more painful than bad news, so communicate early and often.
- Seek first to understand, then be understood.
- Communicate directly with the people who matter using multiple media, but preferably face-to-face.
- Make the communication process transparent and two-way.
- Be honest and tell the truth.
- The result of a communication is the response you get back, which may be different from what you intend.
- You are always communicating, even when you think you're not. A person cannot not communicate, and behaviour is the highest form of communication.

Source: NHS 2005

Scoping: assessing need and capacity

This section outlines some key factors to consider in determining whether the implementation of RUSONs is desirable and/or feasible in a particular health setting.

In many cases, aspects of this process may have already been undertaken as part of broader workforce planning and review activities or reviews of service delivery.

The objective of scoping is to:

- identify areas or wards where RUSONs would provide a valuable addition to the nursing team
- identify any areas where the use of RUSONs is not feasible, or could not be safely implemented
- identify the conditions or circumstances in particular contexts that would need to be considered during the implementation process.

A number of different sources and types of information can be used to inform this analysis, as described below.

Patient profile, care needs and flow

A good understanding of the mix of patients in a particular care setting is vital to determining whether the addition of a RUSON role is of potential benefit in that setting, and in understanding how a health assistant could best add value to the nursing team. Factors to consider will include:

- the main type of patient care activities carried out in a particular ward or setting
- the level of acuity and the average complexity of care needs
- the proportion of patients likely to have predictable care needs and outcomes
- the proportion of patients likely to need care of a type or level of complexity outside the range of activities of a RUSON.

A profile such as this enables identified care needs to be compared to the scope of activities and duty list of the RUSON in order to identify suitable opportunities.

Existing staff profile and workload

Understand the current staffing profile and the scope of practice of each member of the team is essential in order to determine how a RUSON can contribute to the broader team. Examining the current staffing profile and their workload also helps identify where reallocations of tasks may be carried out to better manage workload, make the best use of the available skills, and ensure that high-quality care and a good working environment are maintained. This is also an important step in determining the capacity that exists for delegation and supervision.

Existing policies, procedures, standards and guidelines

Organisational guidelines, procedures, standards or protocols may need to be reviewed and updated to include the RUSON role. This may include delegation and supervision documents and any clinical guidelines relating to the duties and activities that can be delegated to a RUSON.

Consulting with stakeholders

Input from key stakeholders helps ensure concerns and queries are addressed as soon as possible and that there is consistency with policies and operational requirements across the organisation. This is an important step to ensure that those affected, whether directly or indirectly, are engaged in the process of change.

Patient satisfaction and consumer consultation

Compliments and complaints data from patients, their families and carers may also be a useful source of information. This is usually routinely collected through patient satisfaction surveys, but individual consultations or feedback from the health service's patient liaison officer, or team, may also be undertaken.

Analysis of clinical incident data including medication errors and pressure injury prevalence may also measure the impact of adverse incidents on wards/units with higher RUSON hours.

A patient or carer group is unlikely to have specific views about ward staffing, but will be able to provide feedback on their perceptions of the quality of care they have received and any areas for improvement they may have identified. This will be useful information when scoping and for ongoing review of the RUSON role as part of a continuous improvement process.

Initial planning and implementation

At the conclusion of this scoping and assessment process, the health service should be in the position to identify:

- the specific locations/wards where care could be enhanced by the inclusion of RUSONs
- the role and the tasks that would be most suitable for a RUSON to perform in those areas
- specific issues to be addressed in moving towards implementation.

Enough information should now be available to develop a specific proposal for implementation, outlining the scale, scope and requirements for implementation.

This should also allow a more detailed assessment of the resources required (including direct costs such as wages and training costs), and staff resources required (including the time of existing staff plus any new project resources that may be required, such as addition clinical educator resources). Timelines and key milestones should also be reviewed at this stage, to ensure they are achievable.

Work can now also commence on the key elements of implementation, including:

- identifying tasks to be delegated, and ensuring there is capacity for delegation in place (see the 'Establishing delegation and supervision arrangements' section)
- developing and finalising role definitions and duty lists implementing the communication strategy (see the 'Getting started' section)
- employing and placing RUSONs in wards (see the 'Recruitment, orientation and employment' section).

Establishing delegation and supervision arrangements

In order to establish a clear framework for the delegation of tasks and activities and the provision of effective clinically focused supervision, there must be a clear and shared understanding of the role that the RUSON plays within the nursing team, and of the skills and competencies that a RUSON will be expected to demonstrate.

The systems and process of delegation and supervision will be familiar to many nurses, and will reflect the same principles as supervision delegation arrangements that are already in place between registered nurses and enrolled nurses and beginner practitioners and other health service employees, such as allied health professionals.

The delegation and supervision framework is an essential part of implementing and managing the appropriate and safe use of RUSONs. An effective delegation and supervision framework:

- ensures patient safety and security
- provides timely and effective care
- makes best use of the different skills available within the healthcare team
- promotes a positive working environment
- ensures that all members of the nursing team understand and are supported in their duties.

An effective delegation and supervision framework provides clarity about the roles and responsibilities of all members, and a clearly defined structure for decision making and support. It plays an important role in achieving a well-functioning team, and will in turn deliver good outcomes for the organisation and the patient and ensures they practice within their scope as defined by the legislative framework, policy and guidelines.

In implementing a delegation and supervision framework, it is important that all individuals, including those delegating and supervising tasks as well as those performing them, stay within their duty list and scope of activities or scope of practice. This is determined by taking into consideration the staff member's role as well as their individual qualifications, competencies and experience.

The NMBA *Decision-making framework for nursing and midwifery* is a guide to practice for decisions on scope of practice, delegation and supervision for nurse practitioners, registered nurses, enrolled nurses and midwives (NMBA, 2020). The purpose is to promote consistent, safe, person-centred and evidence-based decisions relating to scope of practice and delegation.

Role clarity

When delegating an activity, registered nurses and registered midwives are required to ensure the delegatee has the skills and experience to undertake the activity, and that delegating the activity is in the consumer's best interest. To undertake this effectively it is vital that informative position descriptions and capability frameworks are available. These will ensure there is a comprehensive understanding of each position within the team, including the RUSON.

Understanding all team members' roles and individual capability at the clinical interface is crucial for developing trust, a willingness to delegate and to ensure safe and effective delegation. Nursing leaders should consider how best to provide this information to staff who delegate.

Documentation

Effective and safe delegation and supervision takes into consideration each RUSON's unique combination of skills, competencies and experiences. This will reflect how far the RUSON has advanced in completing a Bachelor of Nursing (whether they are in year 2, 3 or 4), as well as their own personal and working experience (be aware, however, that not all university curriculums are the same).

It is important that these competencies and experiences are well documented, continually updated and available for reference at all times. This will help the initial assessment of whether it is appropriate to delegate a particular task or activity to the RUSON, and whether additional training or support is needed. In addition, it will help the supervisor to determine the level and type of supervision that is appropriate when a task or activity is assigned.

The use of documentation (such as a log book or supervision record) will also enable the RUSON to quickly and easily demonstrate their existing skills and competencies when working with a new supervisor, or accepting delegation of a new task or activity.

Accountability and delegation

The Nursing and Midwifery Board of Australia (NMBA 2016) provides a comprehensive definition of accountability and delegation, taken from the glossary of the *Registered nurse standards for practice*. These definitions relate to the use of these terms in the standards:

Accountability means that nurses answer to the people in their care, the nursing regulatory authority, their employers and the public. Nurses are accountable for their decisions, actions, behaviours and the responsibilities that are inherent in their nursing roles including documentation. Accountability cannot be delegated. The registered nurse who delegates activities to be undertaken by another person remains accountable for the decision to delegate, for monitoring the level of performance by the other person, and for evaluating the outcomes of delegated activities.

Delegation is the relationship that exists when a registered nurse delegates aspects of their nursing practice to another person such as an enrolled nurse, a student nurse or a person who is not a nurse. Delegations are made to meet peoples' needs and to enable access to healthcare services, that is, the right person is available at the right time to provide the right service. The registered nurse who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the risks and capabilities.

When to delegate

The following statements are provided as a guide to the delegation of any task to a RUSON, and are based on those outlined by the NMBA (2020).

1. The primary motivation for any decision about a care activity is to meet people's health needs or to enhance health outcomes.
2. Nurses are responsible for making professional judgements about when an activity is beyond their scope of practice and for initiating consultation with, or referral to, other members of the healthcare team.
3. Expansion to scope of practice occurs when a nurse assumes responsibility for an activity that is currently outside the nurses' scope of practice, or where an employer seeks to initiate a change, because of evaluations of services and a desire to improve access to, or efficiency of, services to groups of people.

4. Registered nurses (the delegator) are accountable for making decisions about who is the most appropriate health professional or health worker to delegate to (delegatee) to perform an activity that is in the nursing plan of care.
5. Nursing practice decisions are best made in a collaborative context of planning, risk management, and evaluation.

Recruitment, orientation and employment

Many undergraduate nursing students need to support themselves while studying, and are seeking opportunities for employment in healthcare settings, which are currently limited.

Recruitment, employment, orientation and training of staff is time consuming and resource intensive, so it is important to get it right. The recruitment process will be the culmination of an extensive process of scoping, planning and consultation as discussed earlier in this document. Recruitment should not proceed until there is a very clear view of the scope and purpose of the positions, the management and supervision arrangements, the terms and conditions of employment and the source of funding for salaries and associated on-costs have been identified.

Most health services in Victoria have specialist human resources or personnel experts on hand who can provide advice and support on the recruitment and advertising process. Engaging their support will ensure that key legal, EBA and organisational requirements are met, and that the way in which positions are developed, advertised and filled supports the recruitment of the best possible candidates for the job. This will also help ensure that the recruitment and employment process meets the required legal and industrial requirements.

This chapter provides some suggestions specific to the recruitment and employment of RUSONs. It is intended to supplement, rather than replace, the advice available from human resources advisors within the health service.

Recruitment

Strong linkages with universities and RUSON recruitment success

Feedback from pilot health services indicated that strong university partnerships and university advertising facilitated recruitment and timely employment.

Early engagement with the partnering university is vital to the success of a RUSON recruitment campaign to enlist support to market, promote and advertise RUSON employment opportunities.

Rostering challenges

An important aim when recruiting RUSONs is to minimise rostering challenges caused by the impact of clinical placements.

Considerations to alleviate rostering challenges could include:

- widening the catchment of RUSONs to multiple universities (where possible) to reduce clinical placement unavailability, thereby increasing the number of shifts that will be covered throughout the year
- ensuring that there is a combination of second- and third-year students employed, as well as employing a greater pool of students to increase availability
- RUSONs identifying scheduled clinical placement as early as possible and leave without pay or annual leave being granted for these periods.

Position descriptions

Position descriptions should set out the position details, qualifications, key functions, list of duties and responsibilities of the job.

The position description for the RUSONs is a key document in the implementation of the position. As this is a relatively new role, staff throughout the health service, as well as prospective employees will be

looking to the position description to get an idea of what the job is, and how it will work in the context of the ward.

The position description will also be a key reference point in describing how it relates to other positions in the organisation. For example, the position description used by The Alfred (see Appendix 2) clearly states that the RUSON will operate under the supervision of the registered nurse at all times.

It is important that the content of the position description is carefully reviewed to ensure that it provides an accurate view of the role, and enough information so that prospective candidates can assess their own suitability before applying.

Advertising and promotion

Your human resources team will be able to provide information about the most appropriate formats and venues for advertising, to ensure that the best possible candidates apply.

While it is important to attract the best candidates, it is also important that candidates for the role have a clear and accurate view of the nature of the role and of what will be expected of them. This is particularly important, as these are relatively new roles in Victorian public health services, so it may be useful to provide additional supplementary information to those who express interest.

Any special requirements or pre-conditions to employment (for example a criminal records check) should also be specified in the advertisement.

Providing an information session about the role and its responsibilities may be a more efficient use of time if you expect a high volume of enquires. This approach provides an opportunity to:

- describe the expectations of the role in more detail than is possible in a formal job advertisement
- run a question and answer session to ensure a clear understanding of the role and its potential rewards and challenges, as outlined in Figure 3, before they make a decision about whether to apply.

Figure 3: Examples of potential rewards and challenges of the RUSON role



Employment agreement

Health services will need to consider the cost impact of employing a RUSON, in particular, the rates included in the EBA under clause 106 'Undergraduate employment models'. This clause includes a number of conditions and pay rates that may result in an increased cost to the health services.

Further advice on applicable awards and pay rates is available from the Victorian Hospitals' Industrial Association.

Preparation and orientation

The preparation and orientation RUSONs receive when they start at your health service is a critical part preparing them for their patient care role and in assisting them to understand:

- the policies of the organisation
- the local ward environment of where they will be working
- the specifics of the work they will be asked to do as a RUSON, and as a member of the health care team in that setting
- health service specific mandatory learning and induction requirements
- the model of care that guides the team's work
- any administrative and rostering requirements.

The orientation that RUSONs receive will also play an important role in establishing the culture and identity of RUSONs in the workplace in the future, and the nature of their working relationships with other members of the ward team.

Establishing knowledge and skills

A nurse with responsibilities for supervising new RUSONs needs to gain an understanding of the RUSON's level of nursing education and previous experience, in the context of the role that the person will be required to perform.

Initial discussions should focus on establishing the level of proficiency and skills of the RUSON, and assessing these against the requirements of the position. Issues for discussion may include:

- the units of study that the RUSON has completed as part of their Bachelor of Nursing degree
- the roles and responsibilities the RUSON has undertaken in previous working roles
- the type and level of experience in other clinical environments (if any)
- any other on-the-job or professional development that the person has undertaken.

This process will allow the supervisor and RUSON to jointly clarify roles and expectations, and identify any areas where additional training or support may be needed.

Management arrangements

As with any other staff member, each RUSON should be assigned a manager, usually the Nurse Unit Manager, whose responsibilities will include ensuring proper employment arrangements are in place. These arrangements include:

- conducting formal performance reviews
- approving and coordinating requests for leave and other entitlements
- establishing training and development plans
- supporting staff and dealing with other personnel or welfare issues.

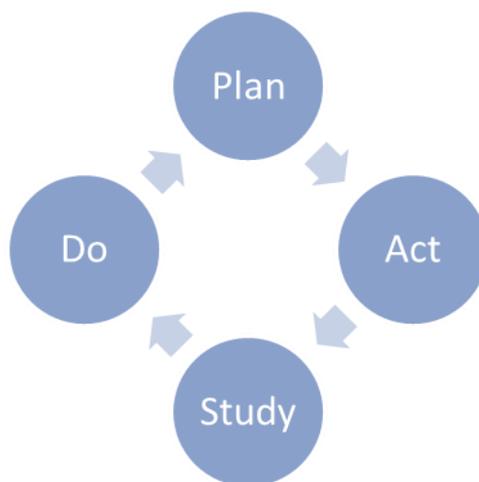
Reviewing outcomes

Reviewing and documenting outcomes ensures that health services, and the health sector as a whole, can learn from the implementation process. These findings should be assessed in order to determine whether any changes are needed to the way that current RUSON roles are defined, managed or implemented, as well as decision-making about the way these positions may be used in future, as part of the process of ongoing quality improvement, such as that described by the widely used ‘plan, act, study, do’ (PDSA) cycle (see Figure 5, Langley et al. 2009).

The evaluation will provide useful learning not just about the implementation and usefulness of RUSON roles, but also about the current workplace environment and the process of managing and implementing change.

Most importantly, the evaluation should capture how the implementation of the RUSON positions has impacted on the experience of care of patients, their families and carers.

Figure 5: PDSA cycle Langley et al. 2009



References

Campbell RJ 2008, 'Change management in health care', *The Health Care Manager*, vol. 27, no. 1, pp. 23–39.

Department of Health undated, 'Victorian Innovation and Reform Impact Assessment Framework', <http://docs.health.vic.gov.au/docs/doc/Victorian-Innovation-and-Reform-Impact-Assessment-Framework>, viewed August 2013.

Kalish BJ, Lee H and Rochman M 2010, 'Nursing staff teamwork and job satisfaction', *Journal of Nurse Management*, vol. 18, no. 8.

Kalish BJ and Lee KL 2010, 'The impact of teamwork in missed nursing care', *Nursing Outlook*, vol. 58, pp. 233–241.

Langley KM, Nolan TW, Nolan CL and Provost LP 2009, *The improvement guide: a practical approach to enhancing organizational performance*, (2nd edition), Jossey-Bass Publishers, San Francisco.

NHS 2005, *Managing the human dimensions of change*, NHS, London.

Nursing and Midwifery Board of Australia 2020, *Decision-making framework for nursing and midwifery*, <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>

Nursing and Midwifery Board of Australia 2016, *Registered nurse standards for practice*, <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>

Pricewaterhouse Coopers 2011, *Evaluation of three Better Skills Best Care pilot projects*, State Government of Victoria, Melbourne. <https://www2.health.vic.gov.au/Api/downloadmedia/%7BDF575845-6033-423E-BA43-37A6B116A042%7D>

Victorian Quality Council 2006, *Successfully implementing change*, State Government of Victoria, Melbourne.

Worksafe Victoria 2000, *Code of practice for manual handling*, State Government of Victoria, Melbourne.

World Health Organization 2011, *Patient safety curriculum guide: multiprofessional edition*, http://whqlibdoc.who.int/publications/2011/9789241501958_eng.pdf, viewed January 2014.

Appendix 1: Nurses and midwives (Victorian public sector) (single interest employers) enterprise agreement 2016–2020 – clause 106

106 Undergraduate employment models

106.1 Definition

A Registered Undergraduate Student of Nursing or RUSON for the purposes of this clause is a person currently enrolled at a University to undertake undergraduate nursing study, who is registered with AHPRA as a student nurse, and who at commencement, has successfully completed not less than twelve months of the Bachelor of Nursing Degree.

106.2 Implementation of Registered Undergraduate Student of Nursing employment model

By agreement between the Employer and the ANMF, an Employer may implement an Registered Undergraduate Student of Nursing Employment Model. It is at the discretion of each Employer as to whether they participate in the Registered Undergraduate Student of Nursing Employment Model.

106.3 Employment of RUSONs

- (a) RUSON participants will be employed on a fixed term basis and employment will conclude when the Employee terminates their employment, or on being granted registration as a Registered Nurse, or withdraws, defers from or fails their undergraduate degree.
- (b) The number of student nurses utilised will not exceed one student per ward, per shift, one additional student nurse may be utilised where the ward exceeds 30 beds by 10% or more.
- (c) RUSON Employees will have performance appraisals conducted in accordance with hospital policy.
- (d) In order to balance the RUSONs academic obligations and the needs of the Employer, the rostered work of students will be in shifts of not less than four hours on day or evening shifts, or 10 hours on night shifts, Monday to Sunday.
- (e) RUSONs will be delegated activities and aspects of care by a Registered Nurse and supervised in providing the delegated activity by the Registered Nurse. The RUSON must at all times work under the delegation and supervision of the Registered Nurse
- (f) RUSONs will not be given sole patient allocation but instead work with one or more nurses in the provision of care to a group of patients.

106.4 Rate of pay for RUSONs

A RUSON will be paid on the following basis:

Year of employment as an URN

RUSON - Year 1	75%
RUSON – Year 2	80%
RUSON – Year 3	85%

(and if relevant subsequent years)

106.5 Other terms and conditions for RUSONs

All other terms and conditions of employment will be those applying to a Registered Nurse under this Agreement except where this clause explicitly says otherwise.

106.6 Continuity of service

Continuity of service as a Registered Nurse will include any period of service in the program, provided any gap between employment as a student and commencement of employment as a Registered Nurse is less than twelve months.

106.7 Working party

(a) A working party will be established comprising representatives of the ANMF, the Employer and, if practicable, the participating university/s.

(b) The working party will, prior to commencement of the model, agree on:

(i) the participating wards/units;

(ii) ensure the RUSON works within the Position Description, the Core activity list, and the Exclusion List;

(iii) education and training of registered and enrolled nurses regarding the new role; and

(iv) the terms of the evaluation of the program.

Appendix 2: Sample generic position description for a RUSON position:

Alfred Health Position Description

Position: Registered Undergraduate Student of Nursing (RUSON)

Award/agreement: Rates included in the new EBA under clause 106 - Undergraduate Employment Models (Further advice on applicable awards and pay rates is available from the Victorian Hospitals' Industrial Association).

Classification title: RUSON

Accountable to: Nurse Unit Manager

Position summary

The RUSON works as an assistant to the health care team, assisting the registered nurses to provide delegated aspects of patient care. Elements of direct and indirect patient care will be delegated in accordance with the professional judgement of the supervising registered nurse and in accordance with the level of achieved educational preparation and assessed competence of the individual RUSON.

The RUSON will be allocated <ward/unit name> and will work in accordance with the specific unit duty list.

Key responsibilities

Under the supervision of the Nurse Unit Manager and or/their Registered Nurse delegates, the RUSON is expected to:

- Work within role and defined parameters as determined by this position description and the specific unit duty list.
- Contribute to positive patient outcomes by ensuring all elements of delegated work is completed accurately and in accordance with <health service name> policies and procedures
- Participate in delegated aspects of care to assist activities of daily living for selected patients, including but not limited to assistance with:
 - personal hygiene
 - nutritional needs
 - mobility, transfers and positioning within the ward
 - elimination needs
 - ensuring patient privacy and dignity is maintained at all times.
- Observation and reporting of patients considered at risk of harm to self/others.
- Maintain a safe patient environment and report incidents promptly to the supervising registered nurse and other relevant member/s of the nursing team.
- Assist with making beds (not on discharge and admission) and keeping the unit environment tidy.
- Communicate effectively with patients, families and the interdisciplinary team.
- Participate in documentation as relevant.
- Ensure relevant infection control policies are adhered to at all times.
- Assist to maintain stock levels of ward supplies.
- Perform other duties as outlined in the specific unit duty list.

Quality, safety, risk and improvement

Maintain an understanding of individual responsibility for patient safety, quality and risk and contribute to organisational quality and safety initiatives.

- Follow organisational safety, quality and risk policies and guidelines.
- Maintain a safe working environment for yourself, your colleagues and members of the public.
- Escalate concerns regarding safety, quality and risk to appropriate staff member, if unable to rectify yourself.
- Promote and participate in the evaluation and continuous improvement processes.
- Comply with principles of patient-centred care.
- Comply with <health service name> mandatory continuing professional development requirements.
- Comply with requirement of National Safety & Quality Health Service Standards and other relevant regulatory requirements.

Other requirements for all <health service name> staff

- Ensure compliance with relevant <health service name> clinical and administrative policies and guidelines.
- Comply with relevant privacy legislation.
- Protect confidential information from unauthorised disclosure and not use, disclose or copy confidential information except for the purpose of and to the extent necessary to perform your employment duties at <health service name>.
- Comply with <health service name> medication management and medication safety policies and guidelines.
- Comply with the actions set out in the relevant section(s) of the OHS roles and responsibilities guideline.
- Research activities will be undertaken commensurate with the role.

Key capabilities

Essential for performance of the position

- A commitment to <health service name> values: <insert>
- Ability to work collaboratively as part of an interdisciplinary team.
- A willingness to contribute to quality patient care.
- Well-developed interpersonal skills, including an ability to communicate effectively with other staff, patients and families.
- Commitment to ongoing professional development.
- Commitment to a professional work ethic.
- Basic computer skills.

Desirable but not essential for performance in the position

- Previous experience working in a healthcare setting

Qualifications/experience required

Currently enrolled at a university to undertake undergraduate nursing study, who is registered with the Australian Health Practitioner Regulation Agency as a student nurse, and who at commencement, has successfully completed not less than twelve months of the Bachelor of Nursing degree.